

FILED MAY 8 1944

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City Mo.
(c) Name of hospital or institution 616 Lafayette
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution about 25 or 30 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jeanetta Sexton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wheeler Sexton 6. (c) Age of husband or wife if alive about 65 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 or 65 - - - hr. min.

9. Birthplace Springfield Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name George Yates
13. Birthplace Springfield Ohio
(City, town, or county) (State or foreign country)

14. Maiden name unknown
15. Birthplace Springfield Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Estella Christopher
(b) Address 714 E. Miller

17. (a) Burial (b) Date thereof 4-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City cemetery

18. (a) Signature of funeral director E. D. Hardiman
(b) Address 412 N. Osage Sedalia Mo

19. (a) 4-19-44 (b) Thermon Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 616 Lafayette street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17th
year 1944 hour 11:00AM minute 15 M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Apr 2nd 1944
that I last saw her alive on Apr 2nd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration

Due to arteriosclerosis

Due to

Other conditions marked debility
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 82at

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? (Specify type of place) (e) Means of injury

23. Signature P. Richardson (M. D. or other) 0
Address Jefferson City Mo Date signed 4/19/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. D. Hardiman

....., Registered Apprentice No.....

working under my personal supervision.

Signed

L. D. Hardiman

Licensed Embalmer No. 42638

P. O. Address Dedolice Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.